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|---|----------------------------------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                                  | <b>Docket Number (Optional)</b><br>22407-00041-US |                         |
| <b>Application Number</b> 10/590,768-Conf. #2501  |                                  | <b>Filed</b> June 9, 2008                         |                         |
| <b>For</b> DEVICE AND METHOD FOR ADMINISTRATION OF A SUBSTANCE TO A MAMMAL BY MEANS OF INHALATION   |                                  |   |                         |
| <b>Art Unit</b> 3771  |                                  | <b>Examiner</b> C. W. Stuart                      |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |                         |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$130   | \$65 \$                 |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$490   | \$245 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1110  | \$555 \$ 555.00         |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$1730  | \$865 \$                |
| <input type="checkbox"/>  |                                  | \$2350  | \$1175 \$               |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                                  |   |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                         |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2036 is attached.  |                                  |   |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> .                 |                                  |   |                         |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |                                  |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |                                  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,457</u>  |                                  |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____   |                                  |   |                         |
| <u>/Jeffrey W. Gluck/</u><br>Signature  |                                  | <u>July 5, 2011</u><br>Date                       |                         |
| <u>Jeffrey W. Gluck</u><br>Typed or printed name  |                                  | <u>(202) 331-7111</u><br>Telephone Number         |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |   |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |   |                         |